

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000019072

1. Corporation Name

CLINICAL Equipment Services, Inc.

Principal Place of Business

Mailing Address

4501 NW 103 RD AVE

4501 NW 103 RD AVE

SUNRISE, Florida 33351

SUNRISE, Florida 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

4501 NW 103RD Avenue

3. New Mailing Address, If Applicable

4501 NW 103 RD AVE

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

SUNRISE Florida

City & State

SUNRISE Florida

Zip

33351-7936

Country

U.S.A.

Zip

33351-7936

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1994

5. FEI Number

65-0469541

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | MONACO, William | 90 Edgewater Drive #401 | CORAL GABLES, FLA 33133 |
| S | MONACO William | 90 Edgewater Drive #401 | CORAL GABLES Fla 33133 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

400002063304---2

-01/21/97--01/24--015

*****915.00 *****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William MONACO
90 Edgewater Drive #401
CORAL GABLES, Fla 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William Monaco

Date 1/7/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William Monaco President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/96 (954) 747-7221

Date

Daytime Phone #

CR2E040 (12/95)